

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLIX.

WEDNESDAY, OCTOBER 19, 1853.

No. 12.

OBSERVATIONS ON A CASE OF FÆCAL OBSTRUCTION.

An Extract from a Lecture on Clinical Medicine, by ROBERT CHRISTISON, M.D., Edinburgh, delivered in April, 1853.

THE occurrence of a singular case of obstruction of the intestines from accumulation of feces, induces me to make a few remarks on a subject which, though it may appear trite to you, is really one of great importance, and deserving your early consideration as professional men.

When you enter presently on medical practice, you will probably be surprised, as I was in the same conjuncture, at the exceeding frequency of the habit of constipation among people of easy circumstances in this country. At what period this liability was first observed, and in what cause or causes it originates, are questions which at present I cannot pretend to discuss. But there can be no doubt of the fact, that the infirmity of constipation is extremely common; and likewise, that it often exists without any other constitutional infirmity or special disease, except what is clearly referable to an undue neglect of the proper correctives. Accordingly, by due attention to the use of fit laxatives, thousands of persons of both sexes in the middle and upper walks of life contrive to live as long, as healthily, and, except for the plague of constantly taking physic, as happily as their more fortunate neighbors.

Prior to the publication of the treatise on purgative medicines by the late Dr. Hamilton, Senior, of this city, there is much reason to believe that the use of laxatives was greatly neglected in such circumstances. But after the appearance of that work in 1818, an important reformation took place in this respect. Indeed, as in all important reforms in medicine, physicians and their patients soon ran to the opposite extreme; and ere long as much harm was done by the abuse of aperient and purgative medicines as previously by the neglect of them. At present it may be confidently said that both errors have been materially corrected. No one denies the great importance and frequent necessity of cathartics of all kinds, from the mildest laxatives up to the most drastic purgatives. And on the other hand, most physicians are now satisfied that gentle aperients are sufficient in numberless circumstances in which formerly powerful cathartics were the fashion. Among other observations, too, it has been found that the regular daily use, even of mild laxatives, is

not so indispensable a precaution for preserving the health of those of a permanently costive habit as had been supposed by many physicians, and especially by many people themselves who were afflicted by that habit. For example, there can be no doubt, that for most people, who, though otherwise healthy, require constantly to use aperients, it is better to open the bowels in this way once every other day only, than daily by a daily dose. Some, especially those who live freely, require a more frequent dose. But in general you will find an effectual aperient every other day amply sufficient for those who do not augment the bulk of the alvine discharges by superfluous nourishment; and by that system they are much more likely to escape the risk of an irritable or congested state of the intestines arising, which we know to be the frequent consequence of the habitual excessive use of cathartics even of a mild kind.

Some persons, however, have such a horror of aperient medicines, that they cannot persuade themselves to take one oftener than twice a-week, or once a-week only. And, nevertheless, you will sometimes see them keep their health, and maintain their bodily comfort. But, for the most part, you will find it a sound general rule, to insist with such people on a more liberal use of aperients; and the great variety we now possess of convenient compound aperients, will enable you to find some one suitable to the constitution of any body, and reconcilable with almost any prejudices.

There are others whose prejudices are unconquerable, and who will not take laxatives at all, though their bowels do not move of themselves above once a-week, if even so often. And it is right you should be aware that this apparently most unnatural and preposterous habit is not of necessity, and in all cases, a habit injurious to health. You will occasionally meet with men so singularly constituted, that they enjoy sound health upon a weekly stool. And, indeed, all perhaps that can be well said of them is, that they are rather to be envied by their fellow creatures, for an endowment which must be frequently found very convenient. But such people sometimes get into difficulties. About two years ago, a gentleman from Wigtonshire, a landed proprietor, attached to agricultural pursuits, and therefore never without free air and exercise, consulted me about a serious difference he had with his medical advisers in the country. Having recently recovered under their care from a severe pneumonia, they made the not unreasonable stipulation, when they ceased to attend him, that he should take a laxative every three days, to correct a constipated habit. To this he demurred, on the very natural ground, that, until his late illness, he had enjoyed excellent health for sixty years, although his bowels had been habitually moved all his life only once a fortnight. This gentleman had made a journey of 120 miles for no other reason than to get the question between him and his physicians settled by some competent authority in therapeutics; and, in referring to me for the purpose, he mentioned, for my further guidance, that a neighboring gentleman of his acquaintance, of the age of 70, had told him, that he, too, had immemorially evacuated his bowels only every alternate Sunday, without being able to recollect having ever had an illness. It was scarcely to be wondered at that their common experience

half inclined them to think that their constitution was the natural and patriarchal one.

Our hospital patient seems to have been of the same opinion with these elderly agriculturists. Like them he has had some experience of life, being now 74. Like them, too, he has enjoyed singularly good health, being a surprisingly fresh-looking man for his years, notwithstanding that he had passed through severe trials in early life. As a soldier in India he sustained, when very young, a spear wound of the leg, where he has had, almost ever since, a small open ulcer, which he ascribes to the spear having been poisoned. In the Spanish war he was wounded at the battle of Barossa, in 1811. There are now evident marks of the bullet having passed through him from the left groin, piercing the blade of the *os ilium* in its course. For two years he lay in hospital; and recovering with a shortened limb and stiff joint, he was invalided on a pension of one and sixpence halfpenny, as a wounded serjeant and soldier of twenty-one years' service. This he has now enjoyed for forty-one years. Nor has his wound much incapacitated him; because for many years, and down to his present illness, he had actually worked as a railway laborer. During this long period he lived on his pension and wages in great comfort and sound health, until, on lately leaving off work, he became liable to constipation. At first his bowels were moved every other day in general, and afterwards seldom oftener than once a-week, unless he took physic, which he did seldom. At last the action of the bowels seemed to cease altogether, and he went for four weeks without any evacuation, even though he made occasional trial of a laxative. At the end of the fourth week, a strong dose brought away a great accumulation. After that he had no further evacuation, and it is now three weeks ago. He had again made a few gentle attempts to assist nature; but he did not much insist upon this, because his lodging-house had no convenience, as he said, for a man under physic. During the entire period of seven weeks, he assures us he had no pain or other suffering whatever. But at last his belly got very large, so that his trousers would not button over it; and on this account he applied here for relief.

On admission he had no appearance of any suffering. He seemed a fresh, vigorous, active, cheerful man. He took his food tolerably well; the pulse was natural; and the tongue was only a little furred. "The abdomen," to quote the Hospital journal, "is much distended, especially in the iliac regions, where there are two large prominent swellings projecting laterally, so that the crest of the ilium on each side is quite sunk, the tumors projecting much beyond the bones. There are different irregular swellings at different parts of the abdomen, especially in the back of the colon. Over some of these points percussion is quite dull; over others it is tympanitic. The circumference of the abdomen, where largest, is 39½ inches."

As it was judged unsafe to give him active purgatives by the mouth at once, in case of the great gut being firmly obstructed with hardened feces, a turpentine injection was properly administered by the clinical clerk in charge of him. The result was a "prodigious discharge of fæcal matter of all degrees of consistence," much of it composed of very

hard scybalæ. A dose of jalap and calomel given immediately after this forerunner, brought away also a great mass of feculent matter. Next day, being quite well, but with the abdomen as large as ever, another similar dose occasioned only an ordinary discharge. On the third day, the swelling being equally great, though now quite uniform, and everywhere clear on percussion, I gave him what has always appeared to me the most effectual of all safe energetic purgatives in cases of simple fecal accumulation—two drachms of oil of turpentine with six drachms of castor oil in the form of emulsion. But he had only two scanty loose discharges, and the belly continued in the same state, presenting especially the singular enlargement and overlapping of the iliac regions.

It was now apparent that, owing to long continuous distension of the bowels with feces and gases, their muscular coat had lost its tone, in some regions at least, and especially in the cæcum and descending colon. It was then proposed by the clinical clerk to resort to galvanism for relief from this paralytic condition; which suggestion was at once adopted. It is more than twenty-five years since galvanism was recommended as a useful remedy in cases of obstinate constipation; and we can easily see that it may be useful, and upon what principle it acts. The first way of using it was by directing the galvanic current from the mouth to the arms; and in that way it seems to have been most effectual and prompt in some cases. But its action is thus rather painful; and ulterior observation has shown that passing the current in various directions through the abdomen itself may be sufficient. This remedy seemed even more applicable to the state of our patient after the bowels had been cleared out. And accordingly it acted with wonderful energy and success. After the current had been passed for some time from before backward, as well as from side to side, he had in an hour a copious evacuation, in three hours another, and next morning a third. Flatus was also discharged in abundance; and the abdomen fell greatly, but still not completely, above all in the iliac regions. The pain of the galvanic action, however, had been so great that the patient begged to have a day's respite. In fact, he declared his willingness, and confirmed it with an oath, that he would rather be shot again than submit to be galvanized a second time. On the second morning, however, the remedy was applied more gently, and on two mornings subsequently. He had a daily discharge from his bowels, and sometimes two. The abdomen had now become natural in size and form. Since then he has had a natural evacuation every morning, without aid from either laxative or galvanism. He was dismissed after being fourteen days in Hospital.

This is a case a little out of the common run, but not without instruction; and I have therefore thought it well to bring the chief circumstances under your notice. It is an excellent illustration of the influence exerted by galvanism over the animal functions. It appears to me to hold out a probability that the same remedy may prove serviceable in restoring the tone of the intestinal muscles, in other forms of inconvenient chronic flatulent distension of the abdomen.—*Edinburgh Monthly Journal of Medical Science.*

EARLY HISTORY OF THE MEDICAL PROFESSION IN NORFOLK CO.

[Concluded from page 220.]

FRANKLIN.

FRANKLIN, originally a part of Wrentham, was set off from that town August 29, 1737, and incorporated March 2, 1778.

Dr. Ebenezer Metcalf, the eighth child of Elder Michael Metcalf, was born June 1, 1727, and "died March 30, 1801, in the 74th year of his age." He was a physician in Franklin, of good reputation. He had one son only, Paul Metcalf, born in 1766, and died August 9, 1793. He also was a physician, and lived in his native town.

Dr. John Metcalf was a physician in Franklin for half a century, from 1753 to 1808. He was born in Wrentham, July 3, 1734; was a descendant of Michael Metcalf, who emigrated from England in 1637. Dr. Metcalf was a medical pupil of Dr. Joseph Hewes, of Providence. He had in Franklin and vicinity an extensive and successful practice, and was the medical instructor of several pupils, among others of Dr. Amos Holbrook, of Milton. For three years he was representative to the General Court, and was a colonel of militia in the time of the Revolution. In 1808, when he had become too infirm longer to sustain the labors of his profession, he removed to St. Albans, Vt., where he died Aug. 22, 1822, aged 88.

Dr. William Pitts Metcalf, son of Dr. John Metcalf, was born June 30, 1775; studied medicine with his father, and settled in Franklin, where he still resides, but has never been very actively engaged in medical pursuits.

Dr. Lewis Le Pilette was a French surgeon. He came to this country in 1782; resided for a time in Norton, then at Roxbury, and finally in Franklin, where he died 29th July, 1804, æt. 54. His remains were carried to Roxbury for interment, where a handsome stone with a Latin inscription marks their resting place.*

Dr. Nathaniel Miller was a native of Swanzeey, where he was born April 23, 1771. In 1775 his parents removed to Rehoboth. At the age of 19 he was apprenticed to Dr. Le Pilette, then a resident in Norton, and eminent in his profession as a surgeon. He soon acquired, by his industry and mechanical ingenuity, the confidence of his instructor, which in time ripened into the most intimate friendship, and was continued during his life. Having completed his medical studies, by the advice of his patron Dr. Miller went to St. Domingo, with the intention of establishing himself in his profession. But his education and habits were not adapted to that sphere. He found little sympathy and less employment in his new abode; his funds became exhausted; and after some months passed in very trying circumstances, he returned to the United States and once more received substantial aid from his early benefactor. For a time he became an inmate of Dr. Le Pilette's family at Jamaica Plain, affording him such aid in his business as he required.

* The following is a copy of the inscription:—"In memoria Doctoris Ludovici Le Pilette, Mass. Med. Soc. Socii, nati Nante in Gallia, Oct. 10, Anno Domini MDCCL. Advenit Americam MDCCXXXII. Obiit carcinomate in glandula prostatica, Julii die 29, MDCCCIV., ætat. sue 54. Celebrerrimus in Chirurgia."

At length, both Dr. Miller and his patron settled at Franklin, about the year 1799 or 1800; and from that period his eminence as a surgeon may be said to have been established. He was accustomed to perform all the more important surgical operations from the commencement of his career. He was a very cautious, ordinarily successful, but by no means rapid operator. He rested his reputation on the correctness of his diagnosis, and upon the final result of his operations, rather than upon their number, or the celerity with which they were performed. He was observing, cautious, inquisitive, rather than original. He knew how to draw out from other men the knowledge they had acquired, and, having revolved it thoroughly in his own mind, and incorporated it with his own thoughts, to appropriate it to practical purposes, as an original treasure. He prided himself on the delicacy of his touch, by which he was sometimes enabled to detect deep-seated matter, when it had eluded the observation of others; and thus by a timely operation to save a valuable life which might otherwise have been lost. He was peculiarly careful of the reputation of those physicians who confided in his judgment and called him in consultation. He adopted it as a principle, in every such case, to sustain the reputation of the physician who sought his counsel, and if possible to elevate it in the estimation of the patient. How much more honorable is such a course than the low, pettifoggish, envious spirit, which seeks to add to its own fame by destroying the good name of a brother in the same calling. In consequence of his habit of careful observation, he was sometimes able to detect among tumors usually considered malignant, varieties which might be successfully removed. Such a case occurred in Harvard many years ago. A lady was afflicted with an abdominal tumor, supposed to be malignant, extending from the epigastrium to the pubis, which he removed in 1808 or 1809 by a protracted and careful dissection. The tumor was situated under the muscles, but external to the peritoneum; was of a reddish color, and in appearance "had some resemblance to kidney," weighing $11\frac{3}{4}$ lbs. The cure was complete; the case in all respects remarkable, and should have been published. The facts were related to me by Dr. Ephraim Stone, still living, and now of Boston, who was present and assisted in the operation and had the care of the patient during the progress of the cure. The patient survived many years.

Dr. Miller frequently performed the operation of lithotomy, commonly but not always using the gorget. In the early periods of his practice, before the establishment of eye infirmaries, he was much consulted in diseases of that organ, and had the reputation of a successful oculist. Ordinarily he preferred the extraction of the lens to its depression in cases of cataract.

Dr. Miller was exceedingly happy in his domestic relations. As a wife and mother, Mrs. Miller possessed very remarkable accomplishments. "The heart of her husband safely trusted in her." He left two sons, eminent in the profession, and an example of devotion to his favorite pursuits worthy of all commendation. His death occurred June 10, 1850, at the age of 81.

ROXBURY.

Roxbury was incorporated Sept. 28th, 1630. Among its earliest and most respected inhabitants was George Alcock. He was made Freeman May 16th, 1631, having filed his application the preceding autumn. In December, 1640, he made his will, directing that his debt of £40, which he had in his hands, should be paid to his son John; also that his house and lands should be improved for the best for the education of his children, and the half of the revenue of the farm, together with the wisest improvement of his £40, to educate his son John in "learning"; the other half to educate son Samuel. Thus highly did our puritan ancestors prize good learning. Next to piety towards God, a good education was the highest boon they sought for their offspring. "Child," said the mother of Dr. Increase Mather, as he left his home for the College, "if God make thee a good Christian and a good scholar, thou hast all thy mother ever asked for thee."* Such were the views of George Alcock respecting his sons, and his hopes were realized.

Dr. John Alcock, the eldest son of George, graduated at Harvard College in 1646, pursued the study of medicine, settled as a physician in Roxbury, was a man of worth and much respected. He died in 1667, at the age of 42.

Dr. Samuel Alcock, a brother of the preceding, graduated at Harvard College in 1659, became a surgeon in Boston, and died March 18, 1677, aged 39.

Dr. John Glover, a native of Dorchester, who graduated at Harvard College in 1650, received a medical degree at Aberdeen, and settled as a physician at Roxbury. He was a benefactor of Harvard College, and is supposed to have died before the close of the century.

Benjamin Tompson was the son of Rev. William Tompson of old "Braintree," where he was born July 6, 1642. He graduated at Harvard College in 1662, and settled at Roxbury, where he became eminent as a physician and school-master, with some celebrity as a poet also. This town, indeed, which Johnson says "the Lord so blessed, that in the room of dismal swamps and tearing bushes, they have very good fruit trees, fruitful fields and gardens," seems to have been fruitful in poets also. About the year 1639, "the New English Reformers" committed the Psalms of David to the reverend clergymen of Roxbury and Dorchester to be rendered into metre suitable to be sung in the churches. This task they undertook and accomplished, yet it would seem not quite to the satisfaction of the good Mr. Shepard of Cambridge, who, after having examined their version, expressed his opinion of it by addressing to them the following couplet:—

"You Roxb'ry poets, keep clear of the crime,
Of missing to give us very good rhyme;
And you of Dorchester, your verses lengthen,
But with the text's own words, you will them strengthen."—*Magnol.* i., 367.

In the town records of Braintree the death of Mr. Tompson is thus noticed—"Mr. Benjamin Tompson, practitioner of physick for above thirty years, during which time he kept a grammar school in Boston,

* Pierce's History of Harvard College, p. 51.

Charlestown, and Braintree ; having left behind him a weary world, eight children and twenty-eight grand-children, deceased April 13, 1714, and lieth buried in Roxbury, aged 72."*

Dr. Jonathan Davies came, it is understood, from Maine. He graduated at Harvard College in 1738. On the College catalogue his name is written Davis. His reason for changing the spelling is unknown ; perhaps from some whim or dislike to persons bearing the same name. He married Sarah Williams, and had but one child, that died in infancy. The tradition is, that for a considerable period he attended most of the families in the town, and that he was a reputable physician.

Dr. Thomas Williams was born at Roxbury, October 12th, 1736 ; graduated at Harvard College in 1757 ; studied medicine under the direction of Dr. Thomas Williams of Deerfield ; returned and settled in Roxbury on the ancestral estate, and continued in the practice of his profession, with reputation and success, until September 10th, 1815, when he suddenly died. On that day, being in his usual health, he had occasion to visit a patient at Quincy. Just as he was about to return, he complained of indisposition, and asked for a glass of water ; and having drank it, he immediately fell from his chair and expired without a groan. Thus closed the career of a physician who was distinguished through a long life for his industry and devotion to professional pursuits.

Dr. John Bartlett was born in Boston in June, 1760 ; graduated at Harvard College in 1781 ; studied medicine with Dr. John Warren ; commenced business in Roxbury in 1787, and continued in practice until within five years of his death, which occurred November 26, 1844, at the age of 84. The occasion of his relinquishing business was the loss of sight by cataract, not the loss of health. He was much esteemed by his patients and friends ; possessed a pleasing countenance and manners ; was rarely absent from his circle of business ; was totally opposed to new theories and new modes of practice ; and being entirely satisfied with his daily routine of duty, he usually succeeded in giving equal satisfaction to his employers.

Rufus Wyman, M.D., was born at Woburn, July 16, 1778 ; graduated at Harvard College in 1799 ; and studied medicine in Boston under the direction of Dr. Brown and Dr. John Jeffries. He first settled as a physician in Boston, where he was for one year an assistant of Dr. Jeffries. He then, on account of a commencing pulmonary disease, removed to Chelmsford, where he was much beloved and had an excellent reputation as a physician.

In 1817 he was appointed Physician and Superintendent of the Mc Lean Asylum at Charlestown. To the best interests of that institution

* EPITAPH.

Sub spe immortal.

Ye herse of Mr. Benjamin 'Tompson,
learned school master and physician,
and ye renowned poet of New England,
Obiit Aprilis 13, anno Domini 1714,

et ætatis sue 74 ;

mortuus, sed immortalis.

He that would try,
What is true happiness indeed,
must die.

he was unremittingly devoted during the seventeen years in which he was its Superintendent ; having been absent during the first twelve years but one night from his post.

In 1834, owing to his ill health, it became necessary for him to resign a situation which he had held to the universal satisfaction of the Trustees and the public ; and he removed to Roxbury, with an intention of devoting himself to agricultural pursuits. Until the close of life, however, he continued to be much consulted in relation to the sick, especially the insane. He died of bronchial inflammation, June 22, 1842, aged 64.

Dr. Wyman was admitted a fellow of the Massachusetts Medical Society in 1803 ; was elected its President in 1840 and 1841 ; delivered the annual discourse, on the subject of Mental Philosophy as connected with Mental Disease, in 1830 ; was a friend and advocate of temperance, and was, at the time of his death, President of the Norfolk County Temperance Society.

Dr. Nathaniel Shepard Prentiss was born at Cambridge, August 7th, 1766 ; graduated at Harvard College in 1787 ; studied medicine with Dr. Israel Atherton of Lancaster ; first settled at Marlborough, where he remained nine years in full practice, and then removed to Roxbury ; was appointed Principal of the Grammar School, an office which he retained until after the death of Dr. Williams in 1815. For thirty years he was Town Clerk of Roxbury ; was occasionally a Representative to the General Court, and for some years had frequent calls as a medical practitioner. He was faithful to every trust ; a man greatly beloved. He is still living, resident with a daughter in West Cambridge, calmly and confidently waiting his summons to depart.

Dr. Charles Williams Windship died at Roxbury, August 27th, 1852. He was the son of Dr. Amos Windship, of Boston ; graduated at Harvard College in 1793 ; was a medical pupil of Dr. Samuel Danforth ; afterwards went abroad, and received a medical degree at Glasgow in 1797. On his return he settled at Roxbury, and with the exception of three years passed in Cuba and eight years in Boston, there continued until his death. In stature he was rather below the medium size, was very neat and particular in his dress, possessed good natural abilities, and was well read in his profession. He was very decided in his opinions, and by some was represented as a little "heroic" in his practice. He had some very warmly-attached friends, but never sought or acquired a large circle of professional business.

Dr. Peter Gilman Robbins was the son of Rev. Chandler Robbins, of Plymouth, where he was born in 1779. He studied his profession at Andover, under the direction of Dr. Thomas Kittredge, and commenced the practice of his profession at Lynn. In 1814 he removed to Roxbury, and there continued until his death, which occurred May 18, 1852. He was admitted a fellow of the Massachusetts Medical Society in 1809, and sustained the reputation of a good physician and "truly benevolent and good man."

Dr. Samuel Rogers, graduated at Harvard College in 1828, M.D. 1831, was admitted a fellow of the Massachusetts Medical Society in 1832, and died in 1849, aged 41.

Dr. Benjamin Franklin Parker graduated at Harvard College in 1831, M.D. 1839; died in 1844, aged 33.

Dr. Anthony Woodside, M.M.S.S. 1844, settled at Roxbury, and died about 1850.

WEST ROXBURY.

West Roxbury includes what was formerly the second and third parishes of Roxbury, or Jamaica Plain and Spring Street Parishes. In early times few physicians made either of these parishes a permanent residence.

Dr. Lemuel Hayward, father of Dr. George Hayward now President of the Massachusetts Medical Society, was born at Braintree, March 22, 1749; graduated at Harvard College in 1768, and died March 20, 1821. Before commencing the study of his profession, he was engaged one year as "Master" of the Public School at Milton, and had under his tuition several pupils who became distinguished in after life; among them Hon. Edward H. Robbins, and Rev. Thomas Thacher. Having fulfilled this engagement to the universal satisfaction of his employers, he commenced and pursued the study of medicine under the direction of Dr. Joseph Warren. On the completion of his studies, by the advice of his preceptor he settled at Jamaica Plain, where his practice soon became extensive and lucrative. In 1775 he was appointed a hospital surgeon by Congress, but resigned his commission on the removal of the army southward. As early as 1776 he commenced the practice of inoculating for the smallpox. He continued to reside at West Roxbury until 1783, when he removed to Boston. He was elected a fellow of the Massachusetts Medical Society in 1784, and through life sustained an excellent reputation.

It is said that a Dr. Willard succeeded Dr. Hayward, respecting whom I have been unable to obtain any satisfactory information.

Dr. Lemuel Le Baron was the son of Rev. Lemuel Le Baron, of Rochester. He graduated at Brown University in 1799; studied medicine with Dr. Thomas Kittredge, of Andover; settled at Jamaica Plain in 1803, and in 1814 removed to Roxbury street. There he continued to reside until 1821, when he became melancholy and partially deranged. He then removed to his native village, and afterwards to Rochester, N. Y., where he died in 1848, aged 73. He was, during his residence at Roxbury, an active and judicious physician, and his deplorable malady was a subject of much lamentation.

Dr. Andrew Foster was the son of Bossinger Foster, Esq., of Cambridge. He graduated at Harvard College in 1800, M.D. 1812, and first settled at Dedham. He removed to Jamaica Plain in 1815; was an excellent man, well educated, a pleasant companion, and universally respected. He never acquired in Roxbury a large share of professional business. After the death of his brother, Dr. Thomas Foster of Cambridge, he removed to that place, where he died in 1831.

Dr. Abijah Draper appears to have been the earliest resident physician in the southerly part of West Roxbury. He was a native of Dedham; graduated at Brown University in 1797; studied medicine with Dr. Ames; settled in West Roxbury in 1802; had a good medical re-

putation and business; was highly respected as a citizen, and was much employed in town affairs. He died March 26, 1836, aged 60.

BROOKLINE.

Brookline appears to have been a part of Boston from its first settlement. It was incorporated in 1705, but long before that period became the residence of a few families.

Dr. Thomas Boylston was the son of Thomas Boylston of Watertown, and was the earliest physician or surgeon in Brookline. He was probably born January 26, 1637, and died in 1695, at the age of 58. He was the father of Dr. Zabdiel Boylston, the earliest inoculator for smallpox in the British dominions. The latter, although a citizen of Boston, was much employed as a physician in his native town, and indeed throughout all the region. He lived to the age of 86, having survived all his calumniators. His remains were deposited in the family tomb at Brookline, on which is inscribed the following just tribute to his memory.

"Sacred to the memory of Dr. Zabdiel Boylston, F.R.S., who first introduced inoculation into America. Through a life of extensive benevolence, he was always faithful to his word, just in his dealings, affable in his manners, and after a long sickness in which he was exemplary in his patience and resignation to his Maker, he quitted this mortal life in a just expectation of immortality, March 1, 1766."

Dr. William Aspinwall was born in Brookline, May 23, 1743; graduated at Harvard College 1764; commenced his studies in Connecticut under the direction of Dr. Benjamin Gale, and completed them in Philadelphia, where he received a medical degree in 1768. He then returned to his native town. In the Revolutionary war he was a regimental surgeon, and for some time deputy director of the hospital at Jamaica Plain. He was personally engaged at the battle of Lexington; and after the death of Dr. Boylston succeeded him as an inoculator for smallpox, and established in Brookline a permanent hospital. In 1788 he obtained a grant to keep his establishment open, not only when the disease was epidemic, but at all times. His success inspired universal confidence. He was well skilled in his profession. When vaccination was first introduced, after a careful examination of its claims, he said to Dr. Waterhouse—"This new inoculation will take from me a handsome annual income, yet as a man of humanity I rejoice in it." Dr. Aspinwall became wholly blind from cataract some years before his death, which occurred April 16, 1823, at the age of 80.

Dr. William Aspinwall, Jr., son of the preceding, graduated at Harvard College in 1804, studied medicine, and became associated with his father in business. He died April 7, 1818, aged 33.

Dr. William Eustis graduated at Harvard College in 1830, received a medical degree in 1838, and became a resident in Brookline, where he died in 1843.

I have thus, gentlemen, noticed, as fully as your time and my means

of information would permit, the general character of most of the physicians in the County who have preceded the present generation.

In this sketch, the names of some worthy men may have been overlooked. Others may have received a more or less extended notice than they were entitled to by their relative merits. Much of the information communicated having been received by tradition, it can scarcely be expected that all errors should have been avoided. If any such have been noticed by members of the Society now present, or should they be detected hereafter, I shall feel grateful to any gentleman who will kindly point them out, and favor me with the means of correcting them. Permit me, in conclusion, to acknowledge thankfully my obligations to all those persons, in the profession and out of it, who by correspondence, furnishing documents, and in various other ways, have afforded me essential aid in prosecuting the inquiries the result of which I have now presented.

Gentlemen,—If the effort, which at your suggestion and in accordance with your appointment, I have made to revive the memory of those who have heretofore filled the stations we now occupy, shall prove acceptable to you and to other medical brethren of the County; especially if it shall have a tendency to elevate our noble profession in view of the public and to stimulate any of our successors to a more faithful performance of duty, I shall feel that my humble labors have met an ample reward.

NOTE A.

The Oath of Hippocrates is preserved in the Hippocratic writings, and is substantially as follows. I use the somewhat free but elegant translation of Professor Felton of Cambridge, as given in his recent course of Lectures before the Lowell Institute, on "The Life of Greece."

"I swear (calling on the gods to witness) that I will fulfil religiously, according to the best of my power and judgment, the solemn promise and the written bond which I now do make. I will honor as my parents the master who has taught me this art, and endeavor to minister to all his necessities. I will consider his children as my own brothers, and will teach them my profession, should they express a desire to follow it, without remuneration or written bond. I will admit to my lessons, my discourses, and all my other methods of teaching, my own sons and those of my tutor and those who have been inscribed as pupils and have taken the medical oath, but no one else. I will prescribe such a course of regimen as may be best suited to the condition of my patients, according to the best of my power and judgment, seeking to preserve them from anything that might prove injurious. No inducement shall ever lead me to administer poison, nor will I ever be the author of such advice. I will maintain religiously the integrity and purity both of my conduct and my art. Into whatever dwellings I may go, I will enter them with the sole view of succoring the sick, abstaining from all injurious conduct, and observing the strictest propriety and purity of demeanor towards all. If during my attendance, or even unprofessionally in common life, I happen to see or hear of any circumstances which should not be revealed, I will consider them a profound secret, and observe on the subject a religious silence. If I observe this oath and do not break it, may I enjoy prosperity in life, and in the practice of my art, and obtain general esteem forever. Should I transgress and become a perjurer, may the reverse be my lot."

NOTE B.

Boston Society of Natural History. First April Session. The President in the chair. The Secretary read a paper in behalf of Dr. W. J. B. on the sedative action of the poison of the rattlesnake, of which the following is an extract. Dr. Oates, of St. John's River, Fla., having frequently witnessed the effect of the use of alcoholic spirits upon the bites of venomous animals, and particularly that of the rattlesnake, and perceiving that not only was the action of the poison arrested, but that under such circumstances the system seemed scarcely capable of being intoxicated with alcohol in any form—was desirous of reversing this experience by trying the effect of this poison when introduced into the system of a person thoroughly intoxicated. This he performed through the stomach, instead of the circulation direct. For this purpose he carefully extracted a small quantity of the poison from a healthy active snake, and incorporated it into several bread pills. He then intoxicated himself considerably with brandy, after which he took one of these pills; its effect was soon to diminish the pulse and to completely neutralize the intoxication. He afterwards repeated the experiment, but with larger doses of both brandy and poison-pills; and although the intoxication was pretty deep, three of the pills so reduced the pulse and depressed the whole system, that from danger of collapse powerful stimulants had to be quickly resorted to. These and other subsequent trials fully showed him the profound sedative action of this product, which is probably unequalled by that of any other known substance.

In this connection I may add (says the author of the preceding communication) that a case was stated to me a short time since, by a physician knowing authentically the circumstances, of a man in Athens, Ga., who while lying in a very intoxicated state, under a fence, was bitten by one of these animals; the result was, that very speedily the intoxication was neutralized, and although the snake was very large and active no harm followed the wound.—*Daily Evening Traveller*, May 17, 1853.

GENEVA MEDICAL COLLEGE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In your Journal of Oct. 5th, 1853, I notice the following paragraph relating to *Geneva Medical College*.

"Geneva Medical College is said to have died a natural death, only seven students appearing when the lectures were to commence."

As this conveys an erroneous impression, I deem it proper to state the facts in the case, that the profession may be able to decide whether the death was natural, or from violence, or other cause.

Owing to some difficulties between the Medical Faculty and the Board of Trustees, in 1849, four members of the Geneva Faculty consented to accept professorships in the Medical Department of the University of Buffalo, the establishment of which the same year grew out of these difficulties, while at the same time they continued their connection with the Geneva College. This was done with the consent and approbation of the Board of Trustees, who could have vacated our chairs at any time, if thought expedient. It ought, perhaps, to be stated,

that Geneva Medical College was established in 1835, when there were only two other medical colleges in the State—the College of Physicians and Surgeons of the City of New York, and the Western Branch of the same at Fairfield. The Fairfield school closed in 1840, with 83 students, and a portion of the Faculty joined the Geneva school. From this time, to 1848, the number of students at Geneva was—1840–1, 134; 1841–2, 163; 1842–3, 175; 1843–4, 195; 1844–5, 183; 1845–6, 184; 1846–7, 158; 1847–8, 115. Average number, 163. The Buffalo school, established 1848–9, divided the students with Geneva, so that both schools since that time have not had a much greater number than Geneva previously. The course at Geneva was the same year changed to a spring course, since which time the class has annually averaged 74 in number; in 1850 reaching as high as 104. When the Geneva school was first established, it drew largely from Michigan, Illinois, Ohio, Canada, &c.; but since that time, the medical schools at Ann Arbor, Mich.; Chicago, Ill.; Cleveland, Ohio; Toronto, Can. W.; &c., have been opened, and but comparatively few students now leave those States for medical education, unless they go to Philadelphia or New York.

Last June, at the close of the spring session, it was determined, contrary to my advice and wishes, that the term should again be changed to the fall, to open on the 14th of September; thus allowing but a little over two months to make known the change, by the distribution of circulars, and through the usual channels of advertising. In the mean time, one of the weekly papers, published at Geneva, began to agitate the question of the expediency of *converting the medical building into a State Agricultural College*, a charter for which had recently been obtained from the Legislature, and a farm purchased for the purpose within three miles of the College. The articles which were published on the subject, were written by a medical man (who has for some time been inimical to the school), and doubtless with the intention of preventing the assembling of a class at the opening of the session. The proposal of such a change with regard to the building, thus originating in the very place where the College was located, was noticed in most of the papers throughout the State, in such a way as to leave the impression that such change would probably be effected, and that it was very doubtful, at least, whether another medical course would be delivered in Geneva. The effect of these publications was only known when too late to be prevented, and on reaching Geneva at the opening of the term I found, as anticipated, and as I stated before leaving New York, would be the case, but few students in attendance. In the course of a week they increased to about twenty. Under these circumstances, and with a knowledge that one of the professors, at least, would be unable to give his course at all, and another, owing to ill health, but a partial course, the whole matter was laid before the students, who unanimously agreed on the expediency of passing over or omitting the present course, and nearly all of them expressed their intention of attending at Buffalo, with which Faculty *three* of the Geneva professors are still connected.

Your readers may judge, from this history, whether “Geneva Medical College has died a natural death,” or any death at all; or whether

it is merely a case of suspended animation. With proper appliances it seems not improbable, that a school which has always taken a high rank among the medical colleges of the State, and has its alumni scattered throughout every part of the Union, might with proper exertions still be kept up; but whether the present faculty will deem it expedient to encounter an opposition originating at its very doors, and sustained and encouraged by those, to whom they have a right to look for support and defence, remains to be decided. My own views on this point are very clear and decided.

CHARLES A. LEE, M.D.

October, 1853.

Dean of Geneva Med. College.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 19, 1853.

Public Amusements.—The customs of New England, in regard to a rigid and constant application to business, are an anomaly to visitors from abroad, and there is no doubt that this application is carried to excess. Some persons speak very decidedly about the sin of wasting the precious hours of youth in worldly folly; but there is nothing repugnant to their moral sense, if these hours are only turned into money. In commercial cities, more particularly, the chief object of life is to get gain. The one absorbing idea is to become rich; but, unfortunately, there is no stopping place. No one ever has enough, and consequently a large proportion of business men keep on at full speed for more, till they drop dead on the course, although for years they had been possessed of enormous wealth. Avarice, therefore, is developed by increasing possessions. This determination to hoard money, allows of no opportunity for relaxation, and therefore all who are operating in any way within the magic circle in which business of magnitude is transacted, must do as others do, or be cast off. Thus holidays are few and far between, although known to be resting periods for the industrious masses, and promotive of health and a cheerful spirit. The Fourth of July, Thanksgiving Day, and an occasional military review, are the only prominent days of relaxation. Some will not allow their children to dance, because they consider it a frivolous waste of life; others forbid it because it is absolutely wicked, according to their belief, which of course is right. Many eschew theatres as the focus of moral corruption; shows cost money; concerts are nothing but sound; sporting is unprofitable; and all mere accomplishments are vanities. Under such training the youth of New England have too little rational amusement to counterpoise the bad effects of their incessant industry. Formerly, when our State election was celebrated in the Spring, there was in Massachusetts a holiday which gave a general relaxation from toil; but in our generation, election comes in the dead of Winter, when nobody is comfortable in the open air. Public amusements are conducive to order, as well as to health, and should be more extensively encouraged.

The Population of the World.—No wonder some of the old philosophers could not comprehend how population was always on the increase, when

they reflected upon the amazing number of deaths occurring daily by the most common agent, disease, as well as those by accidents, by self-destruction and the sword. As the laws, however, which regulate the increase and decrease of the human race are examined, it is found that chance is quite out of the question in relation to this matter, as these laws are immutable. With the lower animals the same system obtains. Whenever they are too numerous, and disproportioned to a section in which they are constitutionally fitted to range, there being more mouths than food, a distemper quickly reduces the number, so that it is not too great for the produce of the soil on which they must subsist. There are occasional pestilences in particular localities of the sea, and fishes die by thousands, the cause of which has never been satisfactorily explained. It is presumed, however, to have reference to the extent or quality of their feeding ground. But with all the enginery of nature, and often united with art, to hasten the triumphs of death over all organized beings, from man to monads, life is still in the ascendant. There are more men on the globe in 1853, than there probably ever were before. Civilization, with its accompaniments, tends to prolong life; and it is reasonable to suppose, as the earth is abundantly able to sustain an immensely increased population, that by extending a knowledge of agriculture and hygiene, and cultivating the arts of peace, there may come a time in the distant future when ten thousand millions of human beings shall inhabit the earth. All the wild animals, with a large part of the domestic, are destined to give way for this great increase. The services of the latter can be dispensed with, as new applications of steam and electricity, and perhaps other powers yet to be discovered, are made servants to the lord of this lower world.

Writers no Practitioners.—A singular objection is brought by the illiterate, against those physicians who have a reputation as medical writers. They conceive there is an incompatibility in the union of the two kinds of business. There are illiterate medical pretenders in New England, whose services are much in request, and whose claims are especially acknowledged on account of the opinion that *they can "scarcely read or write!"* They are skilful by intuition! Many have been known to underrate very deserving medical men because they "*know nothing but what they read in books!*" To be a writer, in their estimation—that is, one who communicates his thoughts upon subjects, scientific or medical—is to be wholly unfit to prescribe for the sick. Ignorance has its advocates everywhere; but that it should be esteemed a virtue in a medical man, is no less extraordinary than susceptible of demonstration. A month rarely passes in which some ignorant but bold charlatan does not make his appearance in our cities, to fleece that particular class of people who go to all the new doctors. If they really possessed the qualifications of which they boast, they never would descend to the tricks on which their success depends,—and yet those very low exhibitions of humanity are the true baits by which gudgeons are caught. When education shall become so universally diffused as to elevate the masses, those who deign to read for instruction, and write for the benefit of others, will have the recompense due to efforts of the highest professional order.

Medical Platforms.—A certain Dr. Cook, at the West, announces, through the press, that he stands on the *Baltimore Platform* in physic. This is gratifying intelligence, no doubt, to those who know what is meant

by a sectional platform. Had he referred to a political foundation, under that cognomen, he would have been understood; but we are sadly in the dark in regard to the Baltimore doctrines. How ridiculous, for men who are educated for the purpose of alleviating the physical afflictions of their fellow creatures, to be perpetually splitting hairs in regard to the theory of accomplishing this work, which all acknowledge can only be properly done after systematic study of the organization of the body and the laws of disease. Those who are thus prepared, will have the confidence and patronage of those whose influence is worth having.

Medical Coroners.—Massachusetts has fairly adopted the English principle, that physicians are very proper persons to be coroners. Every consideration is in favor of such appointments. Gov. Clifford, to his lasting honor, has broken away from the old stereotyped track, and commissioned gentlemen of professional qualifications to sit in judgment upon the causes of sudden death out of the ordinary course. The appointment of Dr. Stedman, of this city, was a gratifying acknowledgment of a change of executive sentiment. He was the first medical man, we believe, who ever held a coroner's commission in this Commonwealth. Last week, William M. Cornell, M.D., of Boston, was honored in the same manner. He will be equally zealous in the discharge of duty, and energetic, too, under all circumstances. If intelligence, activity and scientific qualifications are of any account in this branch of the public service, the County of Suffolk is extremely fortunate in the selection of two such trusty and well qualified officers.

Dr. Brown-Séquard's Experimental Researches.—That very careful and accurate physiologist, E. Brown-Séquard, M.D., who gave a course of lectures in Boston last season, had the good fortune to have his experimental researches, as applied to physiology and pathology, attended by gentlemen who could appreciate his profound attainments. A synopsis of his discourses appeared in the Medical Examiner of Philadelphia, from the pages of which a reprinted volume has appeared, to be followed by a second, containing the author's experiments and clinical observations on some important points of the physiology and pathology of the different nervous centres. It makes an interesting book, of over 100 pages, and is very well printed. H. Baillière, 200 Broadway, New York, is the Publisher.

New Theory of Disease.—Alfred G. Hall, M.D., is the author of a treatise bearing the title—"Views of the New Theory of Disease, and the Treatment and Cure, based upon the Nutritive Principle; illustrative of the science of Fluid Physiology and the Chemical Properties of the Blood." Although published in 1852, at Washington, we have but recently heard of the work; and now we are not prepared to speak definitely of it, from not having given sufficient attention to the doctrine Dr. Hall seems ambitious to establish. Perhaps that which is obscure about it will be removed by further progress in the reading of the book.

The Cholera in England.—The following remarks, from the London Lancet, on the appearance of the cholera in England, are of general interest, as there is every probability that the disease will not stop in its westward march.

"The indications of the march of cholera, if not decisive as to the approaching re-appearance of this terrible disease, are at least sufficiently marked to leave no doubt as to the necessity of immediately taking every precaution to mitigate the scourge. After traversing a large portion of the Continent the disease has made its appearance in Newcastle—the very town where it was first observed in 1849. It is reported that 86 cases and 37 deaths have occurred in that town, and almost an equal number in Gateshead. Mr. Grainger has been deputed by the Board of Health to advise with the local authorities of Newcastle upon the proper means of resisting the advances of the disease. The sanitary condition of these places is of the worst description. It offers a striking illustration of the well-ascertained law, that cholera, like other epidemic affections, is most destructive where pure air, pure water and cleanliness are most defective. The course to be adopted is not more logical than obvious. Great as is the value of medical and *individual* treatment in averting or remedying this disease, the general and hygienic measures are of incalculably greater importance. The whole of these hygienic measures may be summed up in a few words—*proper diet, pure air and water, and cleanliness.*"

Special Practice.—Those physicians who have adopted this line of practice in Boston—attending exclusively to one branch of professional business—have been so successful as to induce some physicians in the large interior towns and cities, to adopt the same course. Among other advantages attending this plan, may be mentioned that the special practitioner, instead of laboring incessantly, has some periods of repose, as well as opportunities for reading and conducting inquiries, with a view of becoming as perfect as possible in the line of duties embraced in his specialty. It is a matter of observation that the people, in the more serious cases of disease, consult the man who gives his time to the study of one malady, in preference to another, however celebrated as a physician, who divides his thoughts and efforts among thousands. We have no doubt the plan would be found equally advantageous in other cities, both at the South and West.

Singular Effect of a Dose of Strychnia.—Dr. J. G. Stephenson, of Terre Haute, Ind., communicates, in a letter to the editor, the following unexpected results from an attempt to poison an animal with strychnia:

"On the 6th inst. I gave two grains of strychnia to a dog twelve years old, that was entirely deaf, intending to kill him. After taking the strychnia he was left to go where he pleased. The next day he was not only as well as on the preceding day, but had entirely recovered from his deafness—and from then until now he has heard as well as ever.

"The strychnia used was the ordinary article of the shops, and was probably impure, but it had acted violently in previous experiments upon animals."

Buffalo Hospital of the Sisters of Charity.—The accommodations at this Hospital have lately been increased by the completion of a new building, making its capacity about one third greater than heretofore. The original building has also been entirely remodelled. In the convenience and comfort which it now affords for the sick, it will compare favorably with the

best institutions of the country, and the opportunities which it offers for clinical instruction are excellent.—*Buffalo Medical Journal*.

Medical Miscellany.—When the coffin containing the body of Francis I. was opened at St. Dennis, a thigh bone of that monarch was found to measure 20 inches long—thereby confirming the historical account of his enormous size.—An idea has been broached that the disease of potatoes in Europe and America, the grapes, &c. &c., besides some of the other essential crops, is in consequence of the non-observance of the precepts of Moses, who ordained that the soil should be left fallow during every seventh year, as God rested on the seventh day.—James Thomas, of Liverpool, Eng., set up a claim for a license, that he was the father of 35 children!—Smallpox is as destructive as ever at the Sandwich Islands. Vaccination, however, has been so general as to limit the further progress of the pestilence.—A man was recently at Cincinnati, who eats nothing that is cooked, nor drinks anything but water. His meats, potatoes, and all his vegetables, are raw. He alleges that he has not eaten any cooked food for several years, and that any deviation from his present mode of living would most probably cause his death. He resides in Iowa.—Dr. G. M. Duval, formerly of Maryland, was shot dead in a street fight with S. N. Downs, at Sacramento, and Dr. H. C. Gillis was seriously wounded in a fracas with Charles R. Drew at San Francisco.—An important change in the manner of conducting the affairs at the Marine Hospital at Chelsea, has just been made by the authorities at Washington. The Steward, Dr. Mitchell, has been removed; this office abolished; and the charge of the institution has been committed to the surgeon, who is now made the head of the Hospital.—The young lady who has been in a somnolent state for over a month, at Harrisonburg, Va., died on Thursday last. The physicians pronounced it a paralyzation of the stomach.—There are now five sets of brothers, a brother and sister, and a father and son, in confinement in Connecticut State Prison; nine of these persons are colored. This extraordinary number of near relatives in a prison numbering but 183 convicts, is a very singular circumstance, and is probably without a parallel.—The Boylston Medical Prizes, offered by the Boylston Medical Committee of Harvard University, are open for competition to physicians in all parts of the country.

ERRATUM.—In the post-mortem examination of Dr. Newton, in last week's Journal, p. 226, the length of Dr. N.'s sickness had been stated as *two weeks*, instead of "ten."

TO CORRESPONDENTS.—A Case of Poisoning with Cobalt, and remarks on Defective Vision and its Treatment, have been received.

MARRIED.—In Concord, N. H., on the 13th inst., M. C. Hoyt, M.D., of Bristol, N. H., to Miss Mary Brown, of Concord.—At Quincy, Mass., Wm. S. Patten, M.D., to Miss M. E. Appleton.—At Princeton, Charles W. Parsous, M.D. of Providence, to Mary H. Boylston.

Deaths in Boston for the week ending Saturday noon, Oct. 15th, 69. Males, 37—females, 32. Apoplexy, 1—disease of the bladder, 1—inflammation of the bowels, 1—strangulation of the bowels, 1—bronchitis, 1—consumption, 16—convulsions, 3—cholera infantum, 2—croup, 3—dysentery, 3—diarrhoea, 1—diabetes, 1—dropsy in the head, 2—debility, 2—infantile diseases, 3—puerperal, 1—erysipelas, 2—typhus fever, 1—typhoid fever, 2—scarlet fever, 1—hooping cough, 1—disease of the heart, 1—inflammation of the lungs, 7—marasmus, 1—measles, 2—old age, 2—pleurisy, 2—suicide, 1—scrofula, 1—disease of the skin, 1—teething, 1—thrush, 1.

Under 5 years, 27—between 5 and 20 years, 7—between 20 and 40 years, 15—between 40 and 60 years, 11—above 60 years, 9. Born in the United States, 46—Ireland, 17—British Provinces, 1—England, 2—Italy, 1—Scotland, 1—West Indies, 1. The above includes 8 deaths at the City Institutions.

Chloroform.—Professor Horsford, of Cambridge, read, at the last meeting of the American Association for the Advancement of Science, an article on the fatal effects of chloroform.

Above fifty different preparations of chloroform were made, from which, together with many experiments, the Professor deduces the following conclusions:

"1st. That good chloroform does not spontaneously change in a period of nine months.

"2d. That the bad chloroform, containing free chlorine and hydrochloric acid, may be produced by using a bleaching salt of great strength, with a quantity of alcohol disproportionately small.

"3d. "That the bad chloroform may be produced by receiving the distillate into water, so as immediately to withdraw the alcohol from the chloroform.

"4th. That bad chloroform may be produced by passing chlorine directly into chloroform.

"5th. That no formula for its manufacture can be relied upon as a guide, since bleaching salts vary in strength when derived from different factories, and vary with age. In the foregoing experiments, the range is 15 to 30 per cent.

"6th. That quick lime added to the mixture does not promote the economy of manufacture.

"7th. That the chlorine and hydrochloric acid of bad chloroform, as observed by Dr. Dwight, may be removed by agitation with a little alcohol.

"8th. That the ill effects observed in the administration of chloroform, are not due to the presence of chlorine, as the irritation is such, when it is attempted to inhale it, as to prevent inhalation altogether.

"9th. That the ill effects are not due to any poisonous product arising from the action of bleaching salt on the small quantity of fusel oil, in the alcohol employed in the manufacture of chloroform.

"10th. That the ill effects are due to peculiarities of constitution or temperament of some patients, and, in a few rare cases, to want of attention or judgment on the part of the person administering it."

Chloroform Inhalations.—A writer over the signature of G., in the *Penninsular Journal of Medicine*, says of the safety of chloroform inhalation, "we consider it about as safe to the patient as a journey by railroad or steamboat to the passengers. Our rule is never to use it in trivial cases, when the operation requires but a single stroke of the knife, or actually recommend it in any case. We make to our patients the above statement of its comparative safety, and if they elect, we administer it, taking due care that it is well mixed with atmospheric air, watching closely the pulse and respiration. With these cautions, we bide our time, await our turn for an accident, and confess to a growing dread of the agent."

A better illustration could not have been given, and inasmuch as its use is liable to be attended with fatal consequences, we do not think so powerful an agent should be administered, except in protracted surgical operations.—*Amer. Journal Dental Science.*

Quackery in England.—Of all countries in the world, England is that in which quacks and quackery flourish most. According to the census returns, there are nearly 30,000 persons practising one or more departments of medicine and surgery without qualifications.—*Manchester paper.*